



Commissioner for Patents
Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 1796

SERIAL NUMBER 09/193,249	FILING DATE 11/17/1998 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 20107-429	
APPLICANTS FRANK C. CHESTON III, POTOMAC, MD; PATRICIA V. HATTON, LAUREL, MD; <i>G.G.</i>					
** CONTINUING DATA ***** This application is a CIP of 09/057,369 04/09/1998 PAT 6,330,308					
** FOREIGN APPLICATIONS ***** <i>NONE</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/03/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 4
ADDRESS 32127					
TITLE SYSTEM FOR OBTAINING FORWARDING INFORMATION FOR ELECTRONIC SYSTEM USING SPEECH RECOGNITION					
FILING FEE RECEIVED 1252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/193,249	11/17/98	379	2742	20107-429

APPLICANT

FRANK C. CHESTON III, POTOMAC, MD; PATRICIA V. HATTON, LAUREL, MD.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 09/057,369 04/09/98

G. G.

****371 (NAT'L STAGE) DATA*******

VERIFIED

NONE

****FOREIGN APPLICATIONS*******

VERIFIED

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/03/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 3	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>G. G.</u> Examiner's Initials _____ Initials _____					

ADDRESS

~~SEE CUSTOMER NUMBER 020277~~

McDERMOTT WILL & EMERY
600 13th Street N.W.
WASHINGTON, DC 20005

TITLE

SYSTEM FOR OBTAINING FORWARDING INFORMATION FOR ELECTRONIC SYSTEM
USING SPEECH RECOGNITION

FILING FEE RECEIVED \$1,252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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